



# K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

## APPLICATION FOR SOLID WASTE LANDFILL PERMIT

### I. Applicant information:

Applicant's name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
(Street Address) (City & State) (Zip)  
Person to contact \_\_\_\_\_ Title \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_

Entity type (check one):

\_\_\_\_ Federal Agency      \_\_\_\_ County      \_\_\_\_ Business  
\_\_\_\_ State Agency      \_\_\_\_ City      \_\_\_\_ Individual  
\_\_\_\_ Township      \_\_\_\_ Other \_\_\_\_\_

### II. Site information:

Facility name \_\_\_\_\_  
Physical address \_\_\_\_\_  
(Street Address) (City & State) (Zip)  
\_\_\_\_ County  
\_\_\_\_ 1/4 of the, \_\_\_\_ 1/4 of the, \_\_\_\_ 1/4 of, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

In the following table, fill in *total* areas and capacities (not just *remaining* values). "Existing" parameters should match the existing landfill permit and approved plans for an existing facility; or for a new facility leave the "existing" columns blank.

Parameters	Existing			Proposed		
Property area (acres)						
Landfill types	MSW	Ind.	C&D	MSW	Ind.	C&D
Disposal area (acres)						
Capacity (tons)						
Capacity (cubic yards)						
Capacity (years)						

### III. Type of application (check one):

\_\_\_\_ New permit  
\_\_\_\_ Modification\* of an existing permit  
\_\_\_\_ Transfer\*\* of an existing permit

MSW = municipal solid waste landfill (see K.S.A. 65-3402(cc))  
Ind. = industrial waste (see K.S.A. 65-3402(x)) landfill; also  
includes waste tire monofills and asbestos monofills  
C&D = construction and demolition landfill (see K.S.A. 65-3402(v))  
\* / \*\* See notes on page 2

DIVISION OF ENVIRONMENT  
Bureau of Waste Management  
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 320, TOPEKA, KS 66612-1366  
Voice 785-296-1600 Fax 785-296-1592 <http://www.kdhe.state.ks.us/waste>

## Application for Solid Waste Landfill Permit

\* This application is required for “significant” modifications as defined in Bureau of Waste Management Policy 98-05 (any increase in property area, and/or increases of 10% or more in the disposal capacity). Minor modifications (those that do not meet the definition of “significant”) are usually requested by submitting a letter with amended plans.

\*\* This application is required if the applicant intends to manage different waste (types or characteristics), operate the facility differently, and/or if significant modifications are proposed. A streamlined application for simple permit transfers (name change or ownership change only) is provided on the Bureau of Waste Management web site.

### IV. Facility type (check all that apply):

(For new permits identify the *proposed* facility type(s). For modifications or transfers identify the *existing* facility type(s).)

\_\_\_\_ Municipal solid waste landfill

\_\_\_\_ Subtitle D

\_\_\_\_ Small arid

\_\_\_\_ Industrial landfill

\_\_\_\_ Asbestos monofill

\_\_\_\_ Waste tire monofill

\_\_\_\_ Other (list types of waste): \_\_\_\_\_

\_\_\_\_ Construction & demolition landfill

### V. Modifications proposed (if existing facility; check all that apply):

\_\_\_\_ Increase property area

\_\_\_\_ Increase disposal capacity

\_\_\_\_ Add new type of disposal unit

\_\_\_\_ Municipal solid waste landfill

\_\_\_\_ Subtitle D

\_\_\_\_ Small arid

\_\_\_\_ Industrial landfill

\_\_\_\_ Asbestos monofill

\_\_\_\_ Waste tire monofill

\_\_\_\_ Other (list types of waste): \_\_\_\_\_

\_\_\_\_ Construction & demolition landfill

\_\_\_\_ Add processing unit (submit separate processing facility permit application form for each type)

\_\_\_\_ Composting

\_\_\_\_ Household hazardous waste

\_\_\_\_ Incinerator

\_\_\_\_ Land farm

\_\_\_\_ Transfer station

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Other modifications (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### VI. Items to submit with this application (check each item or indicate “NA” for not applicable):

“†” indicates a form is available on the Bureau of Waste Management web site.

For permit modifications (or transfers using this form), only submit items that must be updated. Items submitted in the past that are still effective, correct, applicable, and acceptable do not have to be resubmitted.

#### Business Concern Disclosure Statement (BCDS)<sup>†</sup> or Public Entity Disclosure Statement (PEDS)<sup>†</sup>

Large companies (100 or more employees) or companies based in other states should use BCDS Form 1. Small companies (less than 100 employees) based in Kansas may use BCDS Form 2.

If the applicant submitted a BCDS to the Bureau of Waste Management within the past three years, then the applicant may either submit: a new, updated BCDS; an addendum to the BCDS to cover the period since the previous BCDS, including a new signed certification; or a signed certification that the previous BCDS is still applicable, that none of the information has changed, and that there is no new information to report.

If the applicant previously submitted a PEDS to the Bureau of Waste Management the Bureau would not normally require a new or updated PEDS.

#### Proof that the applicant owns the property where the landfill will be located if the landfill is:

(from K.S.A. 65-3407(m)(3))

(A) A municipal solid waste landfill; or

(B) a solid waste disposal area that has:

(i) A leachate or gas collection or treatment system;

(ii) waste containment systems or appurtenances with planned maintenance schedules; or

(iii) an environmental monitoring system with planned maintenance schedules or periodic sampling and analysis requirements.

OR

#### Evidence that the applicant leased the property prior to April 1, 1999 if the permit will be for a vertical or lateral expansion contiguous to a permitted solid waste disposal area in operation on July 1, 1999

#### Copy of lease agreement (if the property is leased)

#### Application fee:

       \$5,000.00 for a new municipal solid waste landfill

       \$3,000.00 for a new industrial landfill

       \$1,000.00 for a new C&D landfill disposing more than 10,000 tons annually

       \$ 500.00 for a new C&D landfill disposing more than 1,000 and less than 10,000 tons annually

       \$ 250.00 for a new C&D landfill disposing less than 1,000 tons annually

Make check payable to: Kansas Department of Health & Environment.

A city, county, or other political subdivision or state agency is exempt from the application and renewal fees.

Application fees are not normally assessed for permit modifications and transfers unless the application constitutes a new permit (e.g., adding a municipal solid waste landfill at an existing C&D landfill).

#### Waste characterization

Required for industrial landfills except asbestos monofills, waste tire monofills, and other predetermined inert waste.

Submit Material Safety Data Sheets (MSDS) if available, and/or analysis of chemical constituents.

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### \_\_\_\_ Leaching tests

Required for industrial landfills when the waste characterization identifies constituents that pose a risk to groundwater quality.

Submit leaching test results using an EPA or ASTM method that most closely simulates the landfill environment.

### \_\_\_\_ Hydrogeologic investigation (see K.A.R. 28-29-104(b))

Required for all municipal solid waste landfills, and required for industrial landfills used for disposal of non-inert waste.

Hydrogeologic reports may be submitted prior to submission of this application form.

### \_\_\_\_ Request for Location Demonstration Information Regarding Distance from the Nearest Intake Point of a Public Surface Water Supply System<sup>†</sup>

### \_\_\_\_ Location demonstrations (see K.A.R. 28-29-23(d), 102, 302, and Policy 02-02)

### \_\_\_\_ Agency notifications and requests for comments

\_\_\_\_ Kansas Biological Survey

\_\_\_\_ Kansas Corporation Commission

\_\_\_\_ Kansas Department of Agriculture - Division of Water Resources

\_\_\_\_ Kansas Department of Wildlife and Parks

\_\_\_\_ Kansas Geological Survey

\_\_\_\_ Kansas State Conservation Commission

\_\_\_\_ Kansas State Historical Society

\_\_\_\_ Kansas Water Office

\_\_\_\_ U.S. Department of the Army - Corps of Engineers

\_\_\_\_ Other \_\_\_\_\_

Input from other agencies may be required.

### \_\_\_\_ Map and description of abutting properties including location and land use, names and mailing addresses of property owners. If the proposed site is adjacent to a public road, include property across the road.

### \_\_\_\_ Design drawings and calculations (see K.A.R. 28-29-6, 23, 103, 104, 304, 325)

### \_\_\_\_ Groundwater monitoring plans and reports (see K.A.R. 28-29-111 through 113)

Required for all municipal solid waste landfills, and required for industrial landfills used for disposal of non-inert waste.

Groundwater monitoring plans and reports may be submitted separate from this application form.

### \_\_\_\_ Operations plan (see K.A.R. 28-29-23, 108, 308, 325)

### \_\_\_\_ Closure and post-closure plans (see K.A.R. 28-29-12, 121, 304, 321, 325)

### \_\_\_\_ Closure, post-closure, and estimated life worksheets<sup>†</sup>

## Application for Solid Waste Landfill Permit

Closure cost estimate worksheets are required for all applications.

Post-closure cost estimate worksheets are required for all new permits, and for significant modifications (or transfers using this form) when the facility includes groundwater monitoring and/or gas monitoring.

Estimated life worksheets are required for all applications involving municipal solid waste landfills.

\_\_\_\_ Construction quality assurance plan (see K.A.R. 28-29-12, 121, 321, 325, and Policy 00-04)

CQA plans must address construction of waste containment structures (liner/bottom and sides of disposal area, final cover) and permanent controls (storm water control structures, leachate collection systems). CQA plans should specify: responsible parties; types and frequencies of tests and observations; pass/fail criteria; methodology for addressing problems; and CQA report contents (summary of construction activities, representative photographs, field notes, test results, as-built drawings, and P.E. certification that the construction was in accordance with the approved plans (or describe any deviations)). CQA activities should generally conform to U.S. EPA's *Technical Guidance Document: Quality Assurance and Quality Control for Waste Containment Facilities* (EPA/600/R-93/182). CQA plans must be signed and sealed by a Professional Engineer licensed in Kansas.

\_\_\_\_ Financial assurance<sup>†</sup> (see K.A.R. 28-29-2101 through 2113)

\_\_\_\_ Liability insurance certificate (see K.A.R. 28-29-2201)

\_\_\_\_ Restrictive covenant<sup>†</sup> (see K.A.R. 28-29-20)

Submit a draft restrictive covenant for Bureau of Waste Management approval prior to filing it with the Register of Deeds.

\_\_\_\_ Notices of intent for storm water discharge (see <[www.kdhe.state.ks.us/stormwater](http://www.kdhe.state.ks.us/stormwater)>)

Other items may be required if necessary to properly evaluate the application and satisfy state statutes, regulations, policies, and standards. Bureau of Waste Management staff will identify any additional requirements during the review process.

### VII. Other facility information:

#### A. Land characteristics (general description)

\_\_\_\_\_  
\_\_\_\_\_

#### B. Estimate existing site acreage devoted to the following uses:

Heavily wooded \_\_\_\_\_  
Light brush \_\_\_\_\_  
Grasses or pasture \_\_\_\_\_  
Cultivated \_\_\_\_\_  
Cleared or developed \_\_\_\_\_

#### C. Estimated acreage to be cleared \_\_\_\_\_

#### D. Proposed method of clearing \_\_\_\_\_

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### E. Onsite soil classification

\_\_\_\_\_ % Sand  
\_\_\_\_\_ % Silt  
\_\_\_\_\_ % Clay  
\_\_\_\_\_ % Other \_\_\_\_\_

### F. If sufficient cover material is not available at the site, where will it be obtained?

\_\_\_\_\_  
\_\_\_\_\_

### G. Existing/proposed land use within a one-mile radius (attach land use map if available).

	South	West	North	East
Residential	_____	_____	_____	_____
Commercial	_____	_____	_____	_____
Light industrial	_____	_____	_____	_____
Heavy industrial	_____	_____	_____	_____
Agricultural	_____	_____	_____	_____
Mixed	_____	_____	_____	_____

Note "E" for existing and "P" for proposed.

### H. Are there any wells within a one-mile radius? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" list types and legal descriptions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I. Access roads serving site

City _____	State _____
Township _____	Interstate _____
County _____	Other (explain) _____

### J. Types of road surface serving the site (indicate whether on or off site)

Concrete _____	Gravel _____
Asphalt _____	Crushed stone _____
Seal coat _____	Dirt _____
Soil cement _____	Other _____

### K. Service Areas

Disposal site to serve:  
City \_\_\_\_\_ Township \_\_\_\_\_ County \_\_\_\_\_ Region \_\_\_\_\_ Business \_\_\_\_\_

### L. Will site be open to the general public? Yes \_\_\_\_\_ No \_\_\_\_\_

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### M. Population data:

Population served by facility: Now \_\_\_\_\_ Next 10 Years \_\_\_\_\_  
Total area population: Now \_\_\_\_\_ Next 10 years \_\_\_\_\_

### N. Distance to center of service area

Average haul distance (miles one way) \_\_\_\_\_

Characteristics of areas adjacent to major haul routes within one-half mile of the site  
(residential, commercial, schools, agricultural, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### O. Utilities (indicate whether on-site or nearby)

Water source (example: water main, bottled water, well) \_\_\_\_\_

Electricity \_\_\_\_\_

Telephone \_\_\_\_\_

Sewer system (example: sanitary, lagoon, septic, privies) \_\_\_\_\_

\_\_\_\_\_

### P. Hours of operation

Days	MON	TUE	WED	THU	FRI	SAT	SUN
Hours							

### Q. Restrictions

Types of solid waste accepted:

\_\_\_\_ Residential

\_\_\_\_ Commercial

\_\_\_\_ Agricultural

\_\_\_\_ Industrial

\_\_\_\_ Construction/demolition

\_\_\_\_ Other \_\_\_\_\_

Types of solid waste not accepted (in disposal area):

\_\_\_\_ Putrescible waste

\_\_\_\_ Construction/demolition waste

\_\_\_\_ Appliances

\_\_\_\_ Electronics

\_\_\_\_ Asbestos

\_\_\_\_ Treated wood

\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_ Junked automobiles

\_\_\_\_ Dead animals

\_\_\_\_ Street sweepings

\_\_\_\_ Tires

\_\_\_\_ Sewage sludge

\_\_\_\_ Medical services waste

### R. Employees and equipment

Number of employees on site (average daily) \_\_\_\_\_

Equipment on site (normal operations) \_\_\_\_\_

\_\_\_\_\_

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### S. Fire protection available (specify sources)

Water \_\_\_\_\_  
Firebreak \_\_\_\_\_  
Municipal fire department \_\_\_\_\_

### T. Tipping fees, other fees

(Optional) List the anticipated tipping fees and other fees (e.g., surcharge for unacceptable waste). These fees are subject to change without notice, at the permittee's discretion. \_\_\_\_\_  
\_\_\_\_\_

### U. Estimated disposal rates

Parameters	Daily			Annually		
Number of loads						
Types of Waste	MSW	Ind.	C&D	MSW	Ind.	C&D
Total tons						
Total cubic yards						

### V. Proposed post-closure site use(s)

_____ Wildlife habitat	_____ Parking
_____ Recreational	_____ Waste management/recycling
_____ Pasture	_____ Industrial
_____ Agricultural	_____ Commercial
_____ Storage	_____ Other

Describe proposed post-closure use(s): \_\_\_\_\_  
\_\_\_\_\_

## VIII. Notes:

1. Statutes and regulations, policies, technical guidance documents, forms, and other information are available on the Bureau of Waste Management web site <[www.kdhe.state.ks.us/waste](http://www.kdhe.state.ks.us/waste)>.
2. Call the Bureau of Waste Management at (785) 296-1600 and ask to speak with solid waste permitting staff if you have any questions about landfill requirements.
3. Submit three sets of the completed application form and supporting documents to: Kansas Department of Health and Environment, Bureau of Waste Management, 1000 SW Jackson, Suite 320, Topeka, KS 66612-1366.
4. The following steps occur after an application is received by the Bureau of Waste Management:
  - (a) Preliminary evaluation to determine compliance with statutory requirements in K.S.A. 65-3407(c), (d), and (m).
  - (b) Completeness review in accordance with BWM Policy 04-02.
  - (c) Public meeting per BWM Policy 04-02.
  - (d) Technical review to determine compliance with all statutes, regulations, policies, and standards.



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(e) Public hearing per K.A.R. 28-29-6a.

(f) Final decision and processing.

5. When a facility receives a permit and begins accepting solid waste for disposal, a \$1.00/ton tonnage fee must be paid to the Kansas Department of Health and Environment. Refer to K.S.A. 65-3415b for rules and exceptions.
6. Active facilities must pay an annual permit renewal fee in accordance with K.A.R. 28-29-84. A city, county, or other political subdivision or state agency is exempt from the application and renewal fees.

### IX. Applicant's Certification:

I hereby certify that the information in this application and in the supporting documents is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

### X. Local Government Certifications:

See next page.

## LOCAL GOVERNMENT CERTIFICATIONS

Applicant's Name \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Facility Location \_\_\_\_\_  
Application Type (new permit, modification, or transfer) \_\_\_\_\_

As specified in K.S.A. 65-3407 "Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas", the secretary shall require the following information as part of this application:

### Solid Waste Management Plan Consistency

(m)(1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

**I certify that, to the best of my knowledge, the facility described in this application is consistent with the Solid Waste Management Plan.**

_____ Name (Print or Type)	_____ Signature	
_____ Title	_____ Date	
_____ County or City	_____ Street Address	_____ State, Zip Code

### Zoning or Land Use Consistency

(m)(2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

**I certify that, to the best of my knowledge, the facility described in this application is consistent with (check one):**  
☐ local land use restrictions/zoning or ☐ surrounding land use.

_____ Name (Print or Type)	_____ Signature	
_____ Title	_____ Date	
_____ County or City	_____ Street Address	_____ State, Zip Code

If a special/conditional use permit is required, please attach a copy to this application.